FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(4)

FILED					
Apr 16 1998	8:00am				
Secretary of	f State				

KNONE	E HEAL ESTATE, INC.					
Principal Plac	e of Business	Mailing Add	ress			
114 SW 10TH	f S tre et	114 SW 10T	TH STREET			
SUITE B	11 P P1 ASS40	SUITE B	DAIP EL 8004	_		DO NOT WRITE IN THE COACE
F1. LAUDERL US	DALE FL 33315	FT. EAUDER US	DALE FL 3331	5		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified
00		00				02/12/1980
2. Principal F	Place of Business	2a. Mailing A	ddress			4. FEI Number Applied For
21 26					59-2184909 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional	
22 27					Fee Required	
City & Stat	e	City & Sta	ale			6. Election Campaign Financing \$5.00 May Be
23	Country	28		Carrela		Trust Fund Contribution
Zip	Country	Zip	ļ.	Country	/	8. This corporation owes or has paid the current year Intangible
24	25 9. Name and Address of Curre	29 ant Begistered Age		30		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
VD.		ant Hogistered Ago	····	81	Name	Ity, Name and Address of New Hegistered Agent
	ONENGOLD, MAE E. 4 SW 10 ST., SUITE B				7141114	
	RT LAUDERDALE FL 33315			82	Street A	Address (P.O. Box Number is Not Acceptable)
10	AT LAUDERDALE PE 33313			83	 	
				84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	502 and 607,1508. F	lorida Statute	s, the abov	e-named	=
office or	registered agent, or both, in the Sta	te of Florida. Such c	hange was at	uthorized by	y the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
	ım tamıllar witti, and accept the ebil	ganons or, section (זטרי, פטכט. יוטק	TOM Statute	S.	
SIGNATURE	Signature, typiod or printed name of registered a	igent and tele d applicable	(NOTE:	Registered Age	ent signature	required whon reinstating) DATE
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD		DELETE	1.1 TITLE		Change Addition
NAME	Kronegold, Steven M			1.2 NAME		
STREET ADDRESS	114 SW 10 ST., SUITE B			1.3 STREET	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL			1.4 CITY-5	ST- ZIP	
TITLE	VSD		DELETE	2.1 TITLE		Change Addition
NAME	KRONENGOLD, MAE E.			2.2 NAME	1	
STREET ADDRESS	114 SW 10 ST, SUITE B			2.3 STREET	ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL			2. 4 CITY-	ST-ZIP	
TITLE		L	DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET		
CITY-ST-ZIP			T 65, 555	3.4. CITY-	ST-ZIP	[
TITLE		L.] DELETE	4.1 TITLE	- 1	Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET	ADDRESS	
CITY-ST-ZIP		-	LDEVETE	4.4 CITY- 9	ST-ZIP	Data Datas
TITLE		L	DELETE	51 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME	}	
STREET ADDRESS				5 3 STHEET		
CITY-ST-ZIP		 	Devers	5.4 CITY - S	ST - ZIP	Diagram Lagram
TITLE		L.] DELETE	6.1 TITLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS				6.3 STREET		
CITY-ST-ZIP				6.4 CITY - S		d in Section 110.07/21/i) Elevide Statutes, Hurther certify that the information

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.